

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Cigna Corporation Political Action Committee

ADDRESS (number and street) ▼

601 Pennsylvania Avenue NW

South Building Suite 835

☐ Check if different than previously reported. (ACC)

Washington

DC

20004

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00085316

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☒ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
02 01 2016

through

M M M / D D D / Y Y Y Y Y Y
02 29 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Kristin Julason Damato

Signature of Treasurer

Kristin Julason Damato

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
03 08 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Cigna Corporation Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
02 01 2016 To: M M / D D / Y Y Y Y Y Y
02 29 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2016		242946.08
(b) Cash on Hand at Beginning of Reporting Period.....	231290.72	
(c) Total Receipts (from Line 19)	44682.94	88152.58
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	275973.66	331098.66
7. Total Disbursements (from Line 31)	53150.00	108275.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	222823.66	222823.66
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Cigna Corporation Political Action Committee

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
02		01		2016

To:

M M	/	D D	/	Y Y Y Y
02		29		2016

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

19194.19

24457.79

(ii) Unitemized

25488.75

63694.79

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ►

44682.94

88152.58

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ►

44682.94

88152.58

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ►

44682.94

88152.58

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ►

44682.94

88152.58

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	1125.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	1125.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	40500.00	75000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	12650.00	32150.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	53150.00	108275.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	53150.00	108275.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	44682.94	88152.58
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	44682.94	88152.58
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	0.00	1125.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	0.00	1125.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 6 OF 71

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Cigna Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Anthony Abate

Mailing Address 900 Cottage Grove Rd

City

Bloomfield

State

CT

Zip Code

06002-2920

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

VP Supply Chain Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

620.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	11	/	2016

Transaction ID : 20160208-17204-20-24

Amount of Each Receipt this Period

155.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Anthony Abate

Mailing Address 900 Cottage Grove Rd

City

Bloomfield

State

CT

Zip Code

06002-2920

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

VP Supply Chain Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

620.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	25	/	2016

Transaction ID : 20160222-17172-20-23

Amount of Each Receipt this Period

155.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Jacquelyn A. Aube

Mailing Address 900 Cottage Grove Rd

City

Bloomfield

State

CT

Zip Code

06002-2920

FEC ID number of contributing
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

VP Customer Adoption Strategy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	25	/	2016

Transaction ID : 20160222-1585-20-23

Amount of Each Receipt this Period

60.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

370.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 7 OF 71

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Cigna Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Lisa R. Bacus

Mailing Address 900 Cottage Grove Rd

City

Bloomfield

State

CT

Zip Code

06002-2920

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

EVP Chief Marketing Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

768.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	11	/	2016

Transaction ID : 20160208-22875-20-24

Amount of Each Receipt this Period

192.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Lisa R. Bacus

Mailing Address 900 Cottage Grove Rd

City

Bloomfield

State

CT

Zip Code

06002-2920

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

EVP Chief Marketing Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

768.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	25	/	2016

Transaction ID : 20160222-22814-20-23

Amount of Each Receipt this Period

192.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Gary A. Bailey

Mailing Address 3601 Odonnell St

City

Baltimore

State

MD

Zip Code

21224-5238

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Government Affairs Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	11	/	2016

Transaction ID : 20160208-30753-20-24

Amount of Each Receipt this Period

100.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

484.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 8 OF 71

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Cigna Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Gary A. Bailey

Mailing Address 3601 Odonnell St

City
Baltimore

State
MD

Zip Code
21224-5238

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Government Affairs Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

02 / 25 / 2016

Transaction ID : 20160222-30637-20-23

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Amy R. Bennett

Mailing Address 900 Cottage Grove Rd

City
Bloomfield

State
CT

Zip Code
06002-2920

FEC ID number of contributing
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

Information Protection Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

02 / 25 / 2016

Transaction ID : 20160222-1455-20-23

Amount of Each Receipt this Period

60.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Kim Bimestefer

Mailing Address 8505 E Orchard Rd

City
Greenwood Village

State
CO

Zip Code
80111-5002

FEC ID number of contributing
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

02 / 11 / 2016

Transaction ID : 20160208-7436-20-24

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

260.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 9 OF 71

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Cigna Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Kim Bimestefer

Mailing Address 8505 E Orchard Rd

City State Zip Code
 Greenwood Village CO 80111-5002

FEC ID number of contributing
federal political committee.

C

Name of Employer
 CT GENERAL LIFE INSURANCE CO

Occupation
 General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 25 / 2016

Transaction ID : 20160222-7427-20-23

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. John J. Bogan

Mailing Address 1601 Chestnut St
 # 2

City State Zip Code
 Philadelphia PA 19192-0002

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Cigna Corp.

Occupation
 VP Chief Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 11 / 2016

Transaction ID : 20160208-21124-20-24

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. John J. Bogan

Mailing Address 1601 Chestnut St
 # 2

City State Zip Code
 Philadelphia PA 19192-0002

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Cigna Corp.

Occupation
 VP Chief Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 25 / 2016

Transaction ID : 20160222-21077-20-23

Amount of Each Receipt this Period

150.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

400.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 71
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Cigna Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mark L. Boxer

Mailing Address 900 Cottage Grove Rd

City	State	Zip Code
Bloomfield	CT	06002-2920

FEC ID number of contributing federal political committee.

C

Name of Employer
CT GENERAL LIFE INSURANCE CO

Occupation
EVP CIO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

768.00

Date of Receipt

02 / 11 / 2016

Transaction ID : 20160208-8566-20-24

Amount of Each Receipt this Period

192.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mark L. Boxer

Mailing Address 900 Cottage Grove Rd

City	State	Zip Code
Bloomfield	CT	06002-2920

FEC ID number of contributing federal political committee.

C

Name of Employer
CT GENERAL LIFE INSURANCE CO

Occupation
EVP CIO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

768.00

Date of Receipt

02 / 25 / 2016

Transaction ID : 20160222-8555-20-23

Amount of Each Receipt this Period

192.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Brett C. Browchuk

Mailing Address 900 Cottage Grove Rd

City	State	Zip Code
Bloomfield	CT	06002-2920

FEC ID number of contributing federal political committee.

C

Name of Employer

Cigna Corp.

Occupation
SVP Service Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

768.00

Date of Receipt

02 / 11 / 2016

Transaction ID : 20160208-12588-20-24

Amount of Each Receipt this Period

192.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

576.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 11 OF 71

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Cigna Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Brett C. Browchuk

Mailing Address 900 Cottage Grove Rd

City

Bloomfield

State

CT

Zip Code

06002-2920

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

SVP Service Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

768.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	25	/	2016

Transaction ID : 20160222-12561-20-23

Amount of Each Receipt this Period

192.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Timothy D. BuckleyMailing Address 1601 Chestnut St
2

City

Philadelphia

State

PA

Zip Code

19192-0002

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cigna Internation

Occupation

VP Treasury

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	11	/	2016

Transaction ID : 20160208-11700-20-24

Amount of Each Receipt this Period

125.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Timothy D. BuckleyMailing Address 1601 Chestnut St
2

City

Philadelphia

State

PA

Zip Code

19192-0002

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cigna Internation

Occupation

VP Treasury

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	25	/	2016

Transaction ID : 20160222-11678-20-23

Amount of Each Receipt this Period

125.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

442.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 12 OF 71

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Cigna Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mark Butler

Mailing Address 2223 Washington St

City

Newton

State

MA

Zip Code

02462-1417

FEC ID number of contributing
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

General Manager

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2016
Transaction ID : 20160208-8207-20-24

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mark Butler

Mailing Address 2223 Washington St

City

Newton

State

MA

Zip Code

02462-1417

FEC ID number of contributing
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

General Manager

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2016
Transaction ID : 20160222-8197-20-23

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. William C. Carlson

Mailing Address 900 Cottage Grove Rd

City

Bloomfield

State

CT

Zip Code

06002-2920

FEC ID number of contributing
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

Real Estate Sr Managing Dir

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2016
Transaction ID : 20160222-637-20-23

Amount of Each Receipt this Period

60.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

210.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 71
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Cigna Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Robert F. Clark

Mailing Address 900 Cottage Grove Rd

City State Zip Code
 Bloomfield CT 06002-2920

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

VP Coli

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 11 / 2016

Transaction ID : 20160208-343-20-24

Amount of Each Receipt this Period

90.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Robert F. Clark

Mailing Address 900 Cottage Grove Rd

City State Zip Code
 Bloomfield CT 06002-2920

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

VP Coli

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 25 / 2016

Transaction ID : 20160222-342-20-23

Amount of Each Receipt this Period

90.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Michael Conrad

Mailing Address 400 N Brand Blvd

City State Zip Code
 Glendale CA 91203-2311

FEC ID number of contributing
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

Sales Manager-National Accts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

296.66

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 25 / 2016

Transaction ID : 20160222-1989-20-23

Amount of Each Receipt this Period

245.30

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

425.30

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 71
 (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Cigna Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Eric P. Consolazio

Mailing Address 900 Cottage Grove Rd

City State Zip Code
 Bloomfield CT 06002-2920

FEC ID number of contributing
federal political committee.

C

Name of Employer
 CT GENERAL LIFE INSURANCE CO

Occupation
 VP Information Technology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

02 / 11 / 2016

Transaction ID : 20160208-1599-20-24

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Eric P. Consolazio

Mailing Address 900 Cottage Grove Rd

City State Zip Code
 Bloomfield CT 06002-2920

FEC ID number of contributing
federal political committee.

C

Name of Employer
 CT GENERAL LIFE INSURANCE CO

Occupation
 VP Information Technology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

02 / 25 / 2016

Transaction ID : 20160222-1598-20-23

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. David M. Cordani

Mailing Address 900 Cottage Grove Rd

City State Zip Code
 Bloomfield CT 06002-2920

FEC ID number of contributing
federal political committee.

C

Name of Employer
 CT GENERAL LIFE INSURANCE CO

Occupation
 President and CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

768.00

Date of Receipt

02 / 11 / 2016

Transaction ID : 20160208-411-20-24

Amount of Each Receipt this Period

192.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

392.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 71

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Cigna Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. David M. Cordani

Mailing Address 900 Cottage Grove Rd

City State Zip Code
Bloomfield CT 06002-2920

FEC ID number of contributing federal political committee.

C

Name of Employer
CT GENERAL LIFE INSURANCE CO

Occupation
President and CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

768.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 25 / 2016

Transaction ID : 20160222-410-20-23

Amount of Each Receipt this Period

192.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Rebecca A. Croes

Mailing Address 2900 North Loop W

City State Zip Code
Houston TX 77092-8841

FEC ID number of contributing federal political committee.

C

Name of Employer
Cigna Corp.

Occupation
Marketing Product Sr Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 11 / 2016

Transaction ID : 20160208-30879-20-24

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Rebecca A. Croes

Mailing Address 2900 North Loop W

City State Zip Code
Houston TX 77092-8841

FEC ID number of contributing federal political committee.

C

Name of Employer
Cigna Corp.

Occupation
Marketing Product Sr Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 25 / 2016

Transaction ID : 20160222-30762-20-23

Amount of Each Receipt this Period

75.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

342.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 16 OF 71

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Cigna Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Andrew D. Crooks

Mailing Address 2701 N Rocky Point Dr

City State Zip Code
Tampa FL 33607-5917

FEC ID number of contributing
federal political committee.

C

Name of Employer
CT GENERAL LIFE INSURANCE CO

Occupation
RVP Segment Lead

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

02 / 11 / 2016

Transaction ID : 20160208-7323-20-24

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Andrew D. Crooks

Mailing Address 2701 N Rocky Point Dr

City State Zip Code
Tampa FL 33607-5917

FEC ID number of contributing
federal political committee.

C

Name of Employer
CT GENERAL LIFE INSURANCE CO

Occupation
RVP Segment Lead

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

02 / 25 / 2016

Transaction ID : 20160222-7314-20-23

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Kristin Damato

Mailing Address 601 Pennsylvania Ave NW

City State Zip Code
Washington DC 20004-2601

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation
VP Government Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

02 / 11 / 2016

Transaction ID : 20160208-2168-20-24

Amount of Each Receipt this Period

120.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

420.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 17 OF 71

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Cigna Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Kristin Damato

Mailing Address 601 Pennsylvania Ave NW

City

Washington

State

DC

Zip Code

20004-2601

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

VP Government Affairs

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

480.00

Date of Receipt

02 / 25 / 2016

Transaction ID : 20160222-2165-20-23

Amount of Each Receipt this Period

120.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Christopher De Rosa

Mailing Address 26 Executive Park

City

Irvine

State

CA

Zip Code

92614-6739

FEC ID number of contributing
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

RVP Segment Lead

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

02 / 11 / 2016

Transaction ID : 20160208-1505-20-24

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Christopher De Rosa

Mailing Address 26 Executive Park

City

Irvine

State

CA

Zip Code

92614-6739

FEC ID number of contributing
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

RVP Segment Lead

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

02 / 25 / 2016

Transaction ID : 20160222-1504-20-23

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

320.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 18 OF 71

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Cigna Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Brendan J. Devine

Mailing Address 601 Pennsylvania Ave NW

City

Washington

State

DC

Zip Code

20004-2601

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Government Affairs Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

02 / 25 / 2016

Transaction ID : 20160222-23900-20-23

Amount of Each Receipt this Period

60.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Jeannine Doherty

Mailing Address 5310 E High St

City

Phoenix

State

AZ

Zip Code

85054-5469

FEC ID number of contributing
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

Senior Account Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

389.18

Date of Receipt

02 / 25 / 2016

Transaction ID : 20160222-26-20-23

Amount of Each Receipt this Period

360.08

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Marcus J. Doyle

Mailing Address 900 Cottage Grove Rd

City

Bloomfield

State

CT

Zip Code

06002-2920

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cigna Corporation

Occupation

Strat & Bus Develop Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

02 / 25 / 2016

Transaction ID : 20160222-12572-20-23

Amount of Each Receipt this Period

65.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

485.08

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 OF 71
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Cigna Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Stephen D. Drew

Mailing Address 175 W Jackson Blvd

City	State	Zip Code
Chicago	IL	60604-2615

FEC ID number of contributing federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Architecture Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

02 / 11 / 2016

Transaction ID : 20160208-23536-20-24

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Stephen D. Drew

Mailing Address 175 W Jackson Blvd

City	State	Zip Code
Chicago	IL	60604-2615

FEC ID number of contributing federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Architecture Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

02 / 25 / 2016

Transaction ID : 20160222-23470-20-23

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Michael D. Elmore

Mailing Address 900 Cottage Grove Rd

City	State	Zip Code
Bloomfield	CT	06002-2920

FEC ID number of contributing federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Chief Info Security Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

02 / 11 / 2016

Transaction ID : 20160208-18498-20-24

Amount of Each Receipt this Period

75.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

225.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 20 OF 71

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Cigna Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Michael D. Elmore

Mailing Address 900 Cottage Grove Rd

City State Zip Code
 Bloomfield CT 06002-2920

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Chief Info Security Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 25 / 2016

Transaction ID : 20160222-18462-20-23

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Brian Evanko

Mailing Address 900 Cottage Grove Rd

City State Zip Code
 Bloomfield CT 06002-2920

FEC ID number of contributing
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

Segment Lead

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 11 / 2016

Transaction ID : 20160208-1606-20-24

Amount of Each Receipt this Period

125.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Brian Evanko

Mailing Address 900 Cottage Grove Rd

City State Zip Code
 Bloomfield CT 06002-2920

FEC ID number of contributing
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

Segment Lead

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 25 / 2016

Transaction ID : 20160222-1605-20-23

Amount of Each Receipt this Period

125.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

325.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 OF 71

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Cigna Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Scott M. Filiault

Mailing Address 900 Cottage Grove Rd

City State Zip Code
 Bloomfield CT 06002-2920

FEC ID number of contributing federal political committee.

C

Name of Employer
 CT GENERAL LIFE INSURANCE CO

Occupation
 VP Informatics

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 11 2016

Transaction ID : 20160208-219-20-24

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Scott M. Filiault

Mailing Address 900 Cottage Grove Rd

City State Zip Code
 Bloomfield CT 06002-2920

FEC ID number of contributing federal political committee.

C

Name of Employer
 CT GENERAL LIFE INSURANCE CO

Occupation
 VP Informatics

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 25 2016

Transaction ID : 20160222-219-20-23

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Patty S. Fontneau

Mailing Address 8505 E Orchard Rd

City State Zip Code
 Greenwood Village CO 80111-5002

FEC ID number of contributing federal political committee.

C

Name of Employer

Cigna Corp.

Occupation
 General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 11 2016

Transaction ID : 20160208-26724-20-24

Amount of Each Receipt this Period

80.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

280.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 22 OF 71

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Cigna Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Patty S. Fontneau

Mailing Address 8505 E Orchard Rd

City

Greenwood Village

State

CO

Zip Code

80111-5002

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

General Manager

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		25		2016

Transaction ID : 20160222-26633-20-23

Amount of Each Receipt this Period

80.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Herbert A. Fritch

Mailing Address 530 Great Circle Rd

City

Nashville

State

TN

Zip Code

37228-1309

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

President Cigna HealthSpring

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

768.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		11		2016

Transaction ID : 20160208-30005-20-24

Amount of Each Receipt this Period

192.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Herbert A. Fritch

Mailing Address 530 Great Circle Rd

City

Nashville

State

TN

Zip Code

37228-1309

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

President Cigna HealthSpring

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

768.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		25		2016

Transaction ID : 20160222-29895-20-23

Amount of Each Receipt this Period

192.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

464.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 23 OF 71

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Cigna Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Willis H. Gee

Mailing Address 900 Cottage Grove Rd

City
Bloomfield

State Zip Code
CT 06002-2920

FEC ID number of contributing
federal political committee.

C

Name of Employer
CT GENERAL LIFE INSURANCE CO

Occupation
Business IT Sr Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

02 / 11 / 2016

Transaction ID : 20160208-8290-20-24

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Willis H. Gee

Mailing Address 900 Cottage Grove Rd

City
Bloomfield

State Zip Code
CT 06002-2920

FEC ID number of contributing
federal political committee.

C

Name of Employer
CT GENERAL LIFE INSURANCE CO

Occupation
Business IT Sr Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

02 / 25 / 2016

Transaction ID : 20160222-8279-20-23

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. David J. Giannoni

Mailing Address 612 Wheelers Farms Rd

City
Milford

State Zip Code
CT 06461-1673

FEC ID number of contributing
federal political committee.

C

Name of Employer
CT GENERAL LIFE INSURANCE CO

Occupation
Senior Account Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

394.81

Date of Receipt

02 / 25 / 2016

Transaction ID : 20160222-3511-20-23

Amount of Each Receipt this Period

374.61

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

574.61

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 24 OF 71

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Cigna Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. John P. Godsill

Mailing Address 900 Cottage Grove Rd

City
Bloomfield

State Zip Code
CT 06002-2920

FEC ID number of contributing
federal political committee.

C

Name of Employer
CT GENERAL LIFE INSURANCE CO

Occupation
SVP Information Technology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

640.00

Date of Receipt

02 / 11 / 2016

Transaction ID : 20160208-8315-20-24

Amount of Each Receipt this Period

160.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. John P. Godsill

Mailing Address 900 Cottage Grove Rd

City
Bloomfield

State Zip Code
CT 06002-2920

FEC ID number of contributing
federal political committee.

C

Name of Employer
CT GENERAL LIFE INSURANCE CO

Occupation
SVP Information Technology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

640.00

Date of Receipt

02 / 25 / 2016

Transaction ID : 20160222-8304-20-23

Amount of Each Receipt this Period

160.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Kristen Gorodetzer

Mailing Address 1601 Chestnut St
2

City
Philadelphia

State Zip Code
PA 19192-0002

FEC ID number of contributing
federal political committee.

C

Name of Employer
HR&S Talent Optimization

Occupation
VP Total Rewards & Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

465.00

Date of Receipt

02 / 11 / 2016

Transaction ID : 20160208-10347-20-24

Amount of Each Receipt this Period

115.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

435.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 25 OF 71

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Cigna Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Kristen Gorodetzer

Mailing Address 1601 Chestnut St
2

City Philadelphia State PA Zip Code 19192-0002

FEC ID number of contributing federal political committee.

C

Name of Employer

HR&S Talent Optimization

Occupation

VP Total Rewards & Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

465.00

Date of Receipt

02 / 25 / 2016

Transaction ID : 20160222-10327-20-23

Amount of Each Receipt this Period

120.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Tania K. Graves

Mailing Address 8179 Penn Pl

City Indianapolis State IN Zip Code 46250-4265

FEC ID number of contributing federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

Marketing Comm Senior Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

02 / 11 / 2016

Transaction ID : 20160208-5483-20-24

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Tania K. Graves

Mailing Address 8179 Penn Pl

City Indianapolis State IN Zip Code 46250-4265

FEC ID number of contributing federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

Marketing Comm Senior Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

02 / 25 / 2016

Transaction ID : 20160222-5475-20-23

Amount of Each Receipt this Period

75.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

270.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 26 OF 71

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Cigna Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. David D. Guilmette

Mailing Address 900 Cottage Grove Rd

City

Bloomfield

State

CT

Zip Code

06002-2920

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Multi-Segment Lead

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

768.00

Date of Receipt

02 / 11 / 2016

Transaction ID : 20160208-17013-20-24

Amount of Each Receipt this Period

192.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. David D. Guilmette

Mailing Address 900 Cottage Grove Rd

City

Bloomfield

State

CT

Zip Code

06002-2920

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Multi-Segment Lead

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

768.00

Date of Receipt

02 / 25 / 2016

Transaction ID : 20160222-16980-20-23

Amount of Each Receipt this Period

192.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Gregory T. Hicks

Mailing Address 900 Cottage Grove Rd

City

Bloomfield

State

CT

Zip Code

06002-2920

FEC ID number of contributing
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

VP Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

02 / 11 / 2016

Transaction ID : 20160208-10155-20-24

Amount of Each Receipt this Period

80.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

464.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 27 OF 71

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Cigna Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Gregory T. Hicks

Mailing Address 900 Cottage Grove Rd

City

Bloomfield

State

CT

Zip Code

06002-2920

FEC ID number of contributing
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

VP Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

02 / 25 / 2016

Transaction ID : 20160222-10135-20-23

Amount of Each Receipt this Period

80.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Christopher J. Hocevar

Mailing Address 900 Cottage Grove Rd

City

Bloomfield

State

CT

Zip Code

06002-2920

FEC ID number of contributing
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

Multi-Segment Lead

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

02 / 11 / 2016

Transaction ID : 20160208-8271-20-24

Amount of Each Receipt this Period

115.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Christopher J. Hocevar

Mailing Address 900 Cottage Grove Rd

City

Bloomfield

State

CT

Zip Code

06002-2920

FEC ID number of contributing
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

Multi-Segment Lead

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

02 / 25 / 2016

Transaction ID : 20160222-8260-20-23

Amount of Each Receipt this Period

115.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

310.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 OF 71
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Cigna Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Carole Hodsdon

Mailing Address 900 Cottage Grove Rd

City	State	Zip Code
Bloomfield	CT	06002-2920

FEC ID number of contributing federal political committee.

C

Name of Employer
CT GENERAL LIFE INSURANCE CO

Occupation
Business IT Sr Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

02 / 11 / 2016

Transaction ID : 20160208-2739-20-24

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Carole Hodsdon

Mailing Address 900 Cottage Grove Rd

City	State	Zip Code
Bloomfield	CT	06002-2920

FEC ID number of contributing federal political committee.

C

Name of Employer
CT GENERAL LIFE INSURANCE CO

Occupation
Business IT Sr Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

02 / 25 / 2016

Transaction ID : 20160222-2735-20-23

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Michael Horlacher

Mailing Address 1601 Chestnut St
2

City	State	Zip Code
Philadelphia	PA	19192-0002

FEC ID number of contributing federal political committee.

C

Name of Employer
CT GENERAL LIFE INSURANCE CO

Occupation
Architecture Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

02 / 25 / 2016

Transaction ID : 20160222-2632-20-23

Amount of Each Receipt this Period

60.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

260.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 29 OF 71

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Cigna Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Julia M. Huggins

Mailing Address 111 S Calvert St

City
Baltimore

State
MD

Zip Code
21202-6174

FEC ID number of contributing
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

02 / 11 / 2016

Transaction ID : 20160208-452-20-24

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Julia M. Huggins

Mailing Address 111 S Calvert St

City
Baltimore

State
MD

Zip Code
21202-6174

FEC ID number of contributing
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

02 / 25 / 2016

Transaction ID : 20160222-451-20-23

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Jay L. Hurt

Mailing Address 2900 North Loop W

City
Houston

State
TX

Zip Code
77092-8841

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

02 / 11 / 2016

Transaction ID : 20160208-31279-20-24

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 30 OF 71

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Cigna Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jay L. Hurt

Mailing Address 2900 North Loop W

City

Houston

State

TX

Zip Code

77092-8841

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

General Manager

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

02 / 25 / 2016

Transaction ID : 20160222-31158-20-23

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Crystal Jack

Mailing Address 1171 Arroyo Grande Dr

City

Sacramento

State

CA

Zip Code

95864-2843

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Government Affairs Director

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

464.00

Date of Receipt

02 / 11 / 2016

Transaction ID : 20160208-24802-20-24

Amount of Each Receipt this Period

116.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Crystal Jack

Mailing Address 1171 Arroyo Grande Dr

City

Sacramento

State

CA

Zip Code

95864-2843

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Government Affairs Director

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

464.00

Date of Receipt

02 / 25 / 2016

Transaction ID : 20160222-24731-20-23

Amount of Each Receipt this Period

116.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

332.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 OF 71
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Cigna Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Clifton S. Jacobson

Mailing Address 7034 Lakewood Blvd

City	State	Zip Code
Dallas	TX	75214-3558

FEC ID number of contributing federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Provider Contracting Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

02 / 11 / 2016

Transaction ID : 20160208-31222-20-24

Amount of Each Receipt this Period

192.30

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Clifton S. Jacobson

Mailing Address 7034 Lakewood Blvd

City	State	Zip Code
Dallas	TX	75214-3558

FEC ID number of contributing federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Provider Contracting Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

02 / 25 / 2016

Transaction ID : 20160222-31102-20-23

Amount of Each Receipt this Period

192.30

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Nicole S. Jones

Mailing Address 900 Cottage Grove Rd

City	State	Zip Code
Bloomfield	CT	06002-2920

FEC ID number of contributing federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

EVP and General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

768.00

Date of Receipt

02 / 11 / 2016

Transaction ID : 20160208-11561-20-24

Amount of Each Receipt this Period

192.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

576.60

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 32 OF 71

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Cigna Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Nicole S. Jones

Mailing Address 900 Cottage Grove Rd

City State Zip Code
 Bloomfield CT 06002-2920

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

EVP and General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

768.00

Date of Receipt

02 / 25 / 2016

Transaction ID : 20160222-11540-20-23

Amount of Each Receipt this Period

192.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Scott Josephs

Mailing Address 701 Corporate Center Dr

City State Zip Code
 Raleigh NC 27607-5084

FEC ID number of contributing
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

VP Total Medical

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

02 / 25 / 2016

Transaction ID : 20160222-6140-20-23

Amount of Each Receipt this Period

60.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Joan Kennedy

Mailing Address 65 S River Rd

City State Zip Code
 Stuart FL 34996-6400

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

VP Consumer Health Engagement

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

640.00

Date of Receipt

02 / 11 / 2016

Transaction ID : 20160208-21126-20-24

Amount of Each Receipt this Period

160.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

412.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 33 OF 71

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Cigna Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Joan Kennedy

Mailing Address 65 S River Rd

City
Stuart

State
FL

Zip Code
34996-6400

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

VP Consumer Health Engagement

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

640.00

Date of Receipt

02 / 25 / 2016

Transaction ID : 20160222-21079-20-23

Amount of Each Receipt this Period

160.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Gary E. Kirkner

Mailing Address 89 Surfsong Rd

City

Kiawah Island

State

SC

Zip Code

29455-5756

FEC ID number of contributing
federal political committee.

C

Name of Employer

LIFE INS. CO. OF NORTH AMERICA

Occupation

VP Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

02 / 11 / 2016

Transaction ID : 20160208-8368-20-24

Amount of Each Receipt this Period

115.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Gary E. Kirkner

Mailing Address 89 Surfsong Rd

City

Kiawah Island

State

SC

Zip Code

29455-5756

FEC ID number of contributing
federal political committee.

C

Name of Employer

LIFE INS. CO. OF NORTH AMERICA

Occupation

VP Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

02 / 25 / 2016

Transaction ID : 20160222-8357-20-23

Amount of Each Receipt this Period

115.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

390.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 34 OF 71

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Cigna Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Kristinn K. Klunkert

Mailing Address 2900 North Loop W

City

Houston

State

TX

Zip Code

77092-8841

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Financial Analysis Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

02 / 11 / 2016

Transaction ID : 20160208-31295-20-24

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Kristinn K. Klunkert

Mailing Address 2900 North Loop W

City

Houston

State

TX

Zip Code

77092-8841

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Financial Analysis Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

02 / 25 / 2016

Transaction ID : 20160222-31172-20-23

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. James Kucharczyk

Mailing Address 900 Cottage Grove Rd

City

Bloomfield

State

CT

Zip Code

06002-2920

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Strategic Sourcing Sr Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

02 / 11 / 2016

Transaction ID : 20160208-18910-20-24

Amount of Each Receipt this Period

80.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

280.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 35 OF 71

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Cigna Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. James Kucharczyk

Mailing Address 900 Cottage Grove Rd

City

Bloomfield

State

CT

Zip Code

06002-2920

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Strategic Sourcing Sr Director

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

02 / 25 / 2016

Transaction ID : 20160222-18873-20-23

Amount of Each Receipt this Period

80.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Scott A. Macchi

Mailing Address 900 Cottage Grove Rd

City

Bloomfield

State

CT

Zip Code

06002-2920

FEC ID number of contributing
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

Business IT Sr Director

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

02 / 25 / 2016

Transaction ID : 20160222-738-20-23

Amount of Each Receipt this Period

55.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Matthew G. Manders

Mailing Address 900 Cottage Grove Rd

City

Bloomfield

State

CT

Zip Code

06002-2920

FEC ID number of contributing
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

Pres US Mkts & Global HC Ops

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

768.00

Date of Receipt

02 / 11 / 2016

Transaction ID : 20160208-1867-20-24

Amount of Each Receipt this Period

192.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

327.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 36 OF 71

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Cigna Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Matthew G. Manders

Mailing Address 900 Cottage Grove Rd

City
Bloomfield

State Zip Code
CT 06002-2920

FEC ID number of contributing
federal political committee.

C

Name of Employer
CT GENERAL LIFE INSURANCE CO

Occupation
Pres US Mkts & Global HC Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

768.00

Date of Receipt

02 / 25 / 2016

Transaction ID : 20160222-1866-20-23

Amount of Each Receipt this Period

192.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mark P. Marsters

Mailing Address 1601 Chestnut St
2

City
Philadelphia

State Zip Code
PA 19192-0002

FEC ID number of contributing
federal political committee.

C

Name of Employer
LIFE INS. CO. OF NORTH AMERICA

Occupation
VP Service Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 11 / 2016

Transaction ID : 20160208-9095-20-24

Amount of Each Receipt this Period

125.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mark P. Marsters

Mailing Address 1601 Chestnut St
2

City
Philadelphia

State Zip Code
PA 19192-0002

FEC ID number of contributing
federal political committee.

C

Name of Employer
LIFE INS. CO. OF NORTH AMERICA

Occupation
VP Service Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 25 / 2016

Transaction ID : 20160222-9080-20-23

Amount of Each Receipt this Period

125.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

442.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 37 OF 71

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Cigna Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Thomas J. Martel

Mailing Address 2223 Washington St

City

Newton

State

MA

Zip Code

02462-1417

FEC ID number of contributing
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

RVP Segment Lead

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

02 / 11 / 2016

Transaction ID : 20160208-8825-20-24

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Thomas J. Martel

Mailing Address 2223 Washington St

City

Newton

State

MA

Zip Code

02462-1417

FEC ID number of contributing
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

RVP Segment Lead

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

02 / 25 / 2016

Transaction ID : 20160222-8814-20-23

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Thomas A. McCarthy

Mailing Address 1601 Chestnut St
2

City

Philadelphia

State

PA

Zip Code

19192-0002

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

EVP CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

740.00

Date of Receipt

02 / 11 / 2016

Transaction ID : 20160208-8407-20-24

Amount of Each Receipt this Period

185.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

485.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 38 OF 71

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Cigna Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Thomas A. McCarthy

Mailing Address 1601 Chestnut St
2

City Philadelphia State PA Zip Code 19192-0002

FEC ID number of contributing federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

EVP CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

740.00

Date of Receipt

02 / 25 / 2016

Transaction ID : 20160222-8396-20-23

Amount of Each Receipt this Period

185.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Sheila McGinley-Graziosi

Mailing Address 900 Cottage Grove Rd

City Bloomfield State CT Zip Code 06002-2920

FEC ID number of contributing federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

02 / 11 / 2016

Transaction ID : 20160208-1276-20-24

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Sheila McGinley-Graziosi

Mailing Address 900 Cottage Grove Rd

City Bloomfield State CT Zip Code 06002-2920

FEC ID number of contributing federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

02 / 25 / 2016

Transaction ID : 20160222-1275-20-23

Amount of Each Receipt this Period

75.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

335.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 39 OF 71

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Cigna Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Morris D. Mirabella

Mailing Address 2701 N Rocky Point Dr

City

Tampa

State

FL

Zip Code

33607-5917

FEC ID number of contributing
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

General Manager

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

02 / 11 / 2016

Transaction ID : 20160208-5929-20-24

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Morris D. Mirabella

Mailing Address 2701 N Rocky Point Dr

City

Tampa

State

FL

Zip Code

33607-5917

FEC ID number of contributing
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

General Manager

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

02 / 25 / 2016

Transaction ID : 20160222-5921-20-23

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Frank A. Monahan

Mailing Address 7400 W 110th St

City

Overland Park

State

KS

Zip Code

66210-2358

FEC ID number of contributing
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

General Manager

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

02 / 11 / 2016

Transaction ID : 20160208-10039-20-24

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 40 OF 71

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Cigna Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Frank A. Monahan

Mailing Address 7400 W 110th St

City

Overland Park

State

KS

Zip Code

66210-2358

FEC ID number of contributing
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

General Manager

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

02 / 25 / 2016

Transaction ID : 20160222-10019-20-23

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Alan M. Muney

Mailing Address 900 Cottage Grove Rd

City

Bloomfield

State

CT

Zip Code

06002-2920

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

VP Total Med/Chief Med Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

700.00

Date of Receipt

02 / 11 / 2016

Transaction ID : 20160208-17079-20-24

Amount of Each Receipt this Period

175.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Alan M. Muney

Mailing Address 900 Cottage Grove Rd

City

Bloomfield

State

CT

Zip Code

06002-2920

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

VP Total Med/Chief Med Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

700.00

Date of Receipt

02 / 25 / 2016

Transaction ID : 20160222-17046-20-23

Amount of Each Receipt this Period

175.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

450.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 41 OF 71

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Cigna Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. John M. MurabitoMailing Address 1601 Chestnut St
2

City	State	Zip Code
Philadelphia	PA	19192-0002

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

EVP Human Resources & Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

616.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	11	/	2016

Transaction ID : 20160208-9353-20-24

Amount of Each Receipt this Period

154.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. John M. MurabitoMailing Address 1601 Chestnut St
2

City	State	Zip Code
Philadelphia	PA	19192-0002

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

EVP Human Resources & Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

616.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	25	/	2016

Transaction ID : 20160222-9338-20-23

Amount of Each Receipt this Period

154.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Noreen Nageotte

Mailing Address 28205 W Oviatt Rd

City	State	Zip Code
Bay Village	OH	44140-2110

FEC ID number of contributing
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

Provider Contracting Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	11	/	2016

Transaction ID : 20160208-6363-20-24

Amount of Each Receipt this Period

100.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

408.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 42 OF 71

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Cigna Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Noreen Nageotte

Mailing Address 28205 W Oviatt Rd

City	State	Zip Code
Bay Village	OH	44140-2110

FEC ID number of contributing
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

Provider Contracting Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	25	/	2016

Transaction ID : 20160222-6355-20-23

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. John Oates

Mailing Address 1701 Patterson Rd

City	State	Zip Code
Austin	TX	78733-6500

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

VP Government Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	11	/	2016

Transaction ID : 20160208-11501-20-24

Amount of Each Receipt this Period

192.30

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. John Oates

Mailing Address 1701 Patterson Rd

City	State	Zip Code
Austin	TX	78733-6500

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

VP Government Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	25	/	2016

Transaction ID : 20160222-11480-20-23

Amount of Each Receipt this Period

192.30

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

484.60

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 43 OF 71

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Cigna Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Eric P. Palmer

Mailing Address 900 Cottage Grove Rd

City	State	Zip Code
Bloomfield	CT	06002-2920

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

SVP Bus Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

768.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	11	/	2016

Transaction ID : 20160208-5169-20-24

Amount of Each Receipt this Period

192.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Eric P. Palmer

Mailing Address 900 Cottage Grove Rd

City	State	Zip Code
Bloomfield	CT	06002-2920

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

SVP Bus Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

768.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	25	/	2016

Transaction ID : 20160222-5164-20-23

Amount of Each Receipt this Period

192.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mark A. Parsons

Mailing Address 900 Cottage Grove Rd

City	State	Zip Code
Bloomfield	CT	06002-2920

FEC ID number of contributing
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

SVP Reinsurance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	11	/	2016

Transaction ID : 20160208-400-20-24

Amount of Each Receipt this Period

75.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

459.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 44 OF 71

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Cigna Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mark A. Parsons

Mailing Address 900 Cottage Grove Rd

City State Zip Code
 Bloomfield CT 06002-2920

FEC ID number of contributing
federal political committee.

C

Name of Employer
 CT GENERAL LIFE INSURANCE CO

Occupation
 SVP Reinsurance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 25 / 2016

Transaction ID : 20160222-399-20-23

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Allen C. Perez

Mailing Address 2900 North Loop W

City State Zip Code
 Houston TX 77092-8841

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Cigna Corp.

Occupation
 Business Developmt Sr Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 11 / 2016

Transaction ID : 20160208-31275-20-24

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Allen C. Perez

Mailing Address 2900 North Loop W

City State Zip Code
 Houston TX 77092-8841

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Cigna Corp.

Occupation
 Business Developmt Sr Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 25 / 2016

Transaction ID : 20160222-31154-20-23

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

275.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 45 OF 71

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Cigna Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. David C. Peterson

Mailing Address 913 Woodhill Cir

City

Watertown

State

MN

Zip Code

55388-9267

FEC ID number of contributing
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

IT Senior Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	1		2	0	1	6

Transaction ID : 20160208-5072-20-24

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. David C. Peterson

Mailing Address 913 Woodhill Cir

City

Watertown

State

MN

Zip Code

55388-9267

FEC ID number of contributing
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

IT Senior Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	5		2	0	1	6

Transaction ID : 20160222-5067-20-23

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Michael J. Phillips

Mailing Address 525 W Monroe St

City

Chicago

State

IL

Zip Code

60661-3629

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	1		2	0	1	6

Transaction ID : 20160208-24650-20-24

Amount of Each Receipt this Period

100.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

250.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 46 OF 71

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Cigna Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Michael J. Phillips

Mailing Address 525 W Monroe St

City

Chicago

State

IL

Zip Code

60661-3629

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

General Manager

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		25		2016

Transaction ID : 20160222-24579-20-23

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Ena Pierce

Mailing Address 5206 Downing Rd

City

Baltimore

State

MD

Zip Code

21212-4114

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Operations Senior Director

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		11		2016

Transaction ID : 20160208-29925-20-24

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Ena Pierce

Mailing Address 5206 Downing Rd

City

Baltimore

State

MD

Zip Code

21212-4114

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Operations Senior Director

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		25		2016

Transaction ID : 20160222-29815-20-23

Amount of Each Receipt this Period

100.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

300.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 47 OF 71

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Cigna Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jonathan M. Prokup

Mailing Address 1601 Chestnut St
2

City State Zip Code
Philadelphia PA 19192-0002

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Managing Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 11 / 2016

Transaction ID : 20160208-20823-20-24

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Jonathan M. Prokup

Mailing Address 1601 Chestnut St
2

City State Zip Code
Philadelphia PA 19192-0002

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Managing Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 25 / 2016

Transaction ID : 20160222-20777-20-23

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Edward J. Rado

Mailing Address 900 Cottage Grove Rd

City State Zip Code
Bloomfield CT 06002-2920

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Business IT Sr Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 11 / 2016

Transaction ID : 20160208-15795-20-24

Amount of Each Receipt this Period

75.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

225.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 48 OF 71

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Cigna Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Edward J. Rado

Mailing Address 900 Cottage Grove Rd

City

Bloomfield

State

CT

Zip Code

06002-2920

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Business IT Sr Director

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	25	/	2016

Transaction ID : 20160222-15766-20-23

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Jeffrey T. RiggMailing Address 1601 Chestnut St
2

City

Philadelphia

State

PA

Zip Code

19192-0002

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

VP Internal Audit

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	11	/	2016

Transaction ID : 20160208-18743-20-24

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Jeffrey T. RiggMailing Address 1601 Chestnut St
2

City

Philadelphia

State

PA

Zip Code

19192-0002

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

VP Internal Audit

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	25	/	2016

Transaction ID : 20160222-18707-20-23

Amount of Each Receipt this Period

100.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

275.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 49 OF 71
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Cigna Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Catherine M. Riley

Mailing Address 4000 Faber Place Dr

City	State	Zip Code
Charleston	SC	29405-8585

FEC ID number of contributing
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

Operations Senior Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	25	/	2016

Transaction ID : 20160222-1836-20-23

Amount of Each Receipt this Period

55.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Kevin L. Ritchie

Mailing Address 140 E 45th St

City	State	Zip Code
New York	NY	10017-3144

FEC ID number of contributing
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

Manager Account Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	11	/	2016

Transaction ID : 20160208-745-20-24

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Kevin L. Ritchie

Mailing Address 140 E 45th St

City	State	Zip Code
New York	NY	10017-3144

FEC ID number of contributing
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

Manager Account Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	25	/	2016

Transaction ID : 20160222-744-20-23

Amount of Each Receipt this Period

75.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

205.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 50 OF 71

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Cigna Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. John Rottkamp

Mailing Address 900 Cottage Grove Rd

City State Zip Code
Bloomfield CT 06002-2920

FEC ID number of contributing
federal political committee.

C

Name of Employer
CT GENERAL LIFE INSURANCE CO

Occupation
VP Enterprise Underwriting

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 11 / 2016

Transaction ID : 20160208-1674-20-24

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. John Rottkamp

Mailing Address 900 Cottage Grove Rd

City State Zip Code
Bloomfield CT 06002-2920

FEC ID number of contributing
federal political committee.

C

Name of Employer
CT GENERAL LIFE INSURANCE CO

Occupation
VP Enterprise Underwriting

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 25 / 2016

Transaction ID : 20160222-1673-20-23

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Jon L. Sandberg

Mailing Address 900 Cottage Grove Rd

City State Zip Code
Bloomfield CT 06002-2920

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation
Business Comm Sr Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 11 / 2016

Transaction ID : 20160208-20721-20-24

Amount of Each Receipt this Period

75.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

275.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 51 OF 71

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Cigna Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jon L. Sandberg

Mailing Address 900 Cottage Grove Rd

City

Bloomfield

State

CT

Zip Code

06002-2920

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Business Comm Sr Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	25	/	2016

Transaction ID : 20160222-20677-20-23

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Paul A. Sanford

Mailing Address 900 Cottage Grove Rd

City

Bloomfield

State

CT

Zip Code

06002-2920

FEC ID number of contributing
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

VP Operating Effectiveness

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

768.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	11	/	2016

Transaction ID : 20160208-7210-20-24

Amount of Each Receipt this Period

192.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Paul A. Sanford

Mailing Address 900 Cottage Grove Rd

City

Bloomfield

State

CT

Zip Code

06002-2920

FEC ID number of contributing
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

VP Operating Effectiveness

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

768.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	25	/	2016

Transaction ID : 20160222-7201-20-23

Amount of Each Receipt this Period

192.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

459.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 52 OF 71

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Cigna Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Frank Sataline

Mailing Address 900 Cottage Grove Rd

City
Bloomfield

State Zip Code
CT 06002-2920

FEC ID number of contributing
federal political committee.

C

Name of Employer
CT GENERAL LIFE INSURANCE CO

Occupation
SVP Chief Investment Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

02 / 11 / 2016

Transaction ID : 20160208-401-20-24

Amount of Each Receipt this Period

120.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Frank Sataline

Mailing Address 900 Cottage Grove Rd

City
Bloomfield

State Zip Code
CT 06002-2920

FEC ID number of contributing
federal political committee.

C

Name of Employer
CT GENERAL LIFE INSURANCE CO

Occupation
SVP Chief Investment Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

02 / 25 / 2016

Transaction ID : 20160222-400-20-23

Amount of Each Receipt this Period

120.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Kenneth R. Silvay

Mailing Address 900 Cottage Grove Rd

City
Bloomfield

State Zip Code
CT 06002-2920

FEC ID number of contributing
federal political committee.

C

Name of Employer
CT GENERAL LIFE INSURANCE CO

Occupation
Accounting Senior Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

248.00

Date of Receipt

02 / 25 / 2016

Transaction ID : 20160222-911-20-23

Amount of Each Receipt this Period

62.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

302.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 OF 71
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Cigna Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Neil B. Tanner

Mailing Address 1601 Chestnut St
2

City State Zip Code
Philadelphia PA 19192-0002

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

VP Chief Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

02 / 11 / 2016

Transaction ID : 20160208-16900-20-24

Amount of Each Receipt this Period

115.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Neil B. Tanner

Mailing Address 1601 Chestnut St
2

City State Zip Code
Philadelphia PA 19192-0002

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

VP Chief Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

02 / 25 / 2016

Transaction ID : 20160222-16867-20-23

Amount of Each Receipt this Period

115.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Michael W. Triplett

Mailing Address 901 E Cary St

City State Zip Code
Richmond VA 23219-4063

FEC ID number of contributing
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

Regional Segment Lead

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

02 / 11 / 2016

Transaction ID : 20160208-632-20-24

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

330.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 54 OF 71

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Cigna Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Michael W. Triplett

Mailing Address 901 E Cary St

City

Richmond

State

VA

Zip Code

23219-4063

FEC ID number of contributing
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

Regional Segment Lead

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

02 / 25 / 2016

Transaction ID : 20160222-631-20-23

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Michelle Vancura

Mailing Address 35507 N Via Tramonto

City

Phoenix

State

AZ

Zip Code

85086-5516

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Market Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

02 / 11 / 2016

Transaction ID : 20160208-23872-20-24

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Michelle Vancura

Mailing Address 35507 N Via Tramonto

City

Phoenix

State

AZ

Zip Code

85086-5516

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Market Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

02 / 25 / 2016

Transaction ID : 20160222-23804-20-23

Amount of Each Receipt this Period

75.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 55 OF 71

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Cigna Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Julie A. Vayer

Mailing Address 900 Cottage Grove Rd

City
Bloomfield

State Zip Code
CT 06002-2920

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cigna BEHAVIORAL HEALTH, INC.

Occupation
VP Total Health & Network Oper

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
02 / 11 / 2016

Transaction ID : 20160208-7150-20-24

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Julie A. Vayer

Mailing Address 900 Cottage Grove Rd

City
Bloomfield

State Zip Code
CT 06002-2920

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cigna BEHAVIORAL HEALTH, INC.

Occupation
VP Total Health & Network Oper

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
02 / 25 / 2016

Transaction ID : 20160222-7141-20-23

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Diane M. Wilkosz

Mailing Address 2701 N Rocky Point Dr

City
Tampa

State Zip Code
FL 33607-5917

FEC ID number of contributing
federal political committee.

C

Name of Employer
CIGNA HEALTHCARE OF FL, INC

Occupation
Provider Contracting Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

296.00

Date of Receipt

MM / DD / YYYY
02 / 11 / 2016

Transaction ID : 20160208-1754-20-24

Amount of Each Receipt this Period

74.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

224.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 56 OF 71

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Cigna Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Diane M. Wilkosz

Mailing Address 2701 N Rocky Point Dr

City
Tampa

State
FL

Zip Code
33607-5917

FEC ID number of contributing
federal political committee.

C

Name of Employer

CIGNA HEALTHCARE OF FL, INC

Occupation

Provider Contracting Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

296.00

Date of Receipt

MM / DD / YYYY
02 / 25 / 2016

Transaction ID : 20160222-1753-20-23

Amount of Each Receipt this Period

74.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Bradley A. Wolfram

Mailing Address 11200 Lakeline Blvd
Ste 100

City
Austin

State
TX

Zip Code
78717-5964

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Operations Senior Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

344.00

Date of Receipt

MM / DD / YYYY
02 / 11 / 2016

Transaction ID : 20160208-32087-20-24

Amount of Each Receipt this Period

86.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Bradley A. Wolfram

Mailing Address 11200 Lakeline Blvd
Ste 100

City
Austin

State
TX

Zip Code
78717-5964

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Operations Senior Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

344.00

Date of Receipt

MM / DD / YYYY
02 / 25 / 2016

Transaction ID : 20160222-31961-20-23

Amount of Each Receipt this Period

86.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

246.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 57 OF 71

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Cigna Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. John M. Wray

Mailing Address 140 E 45th St

City

New York

State

NY

Zip Code

10017-3144

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

VP Network Delivery Systems

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 11 / 2016

Transaction ID : 20160208-21481-20-24

Amount of Each Receipt this Period

175.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. John M. Wray

Mailing Address 140 E 45th St

City

New York

State

NY

Zip Code

10017-3144

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

VP Network Delivery Systems

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 25 / 2016

Transaction ID : 20160222-21430-20-23

Amount of Each Receipt this Period

175.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Bu Yang

Mailing Address 900 Cottage Grove Rd

City

Bloomfield

State

CT

Zip Code

06002-2920

FEC ID number of contributing
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

IT Senior Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 25 / 2016

Transaction ID : 20160222-6895-20-23

Amount of Each Receipt this Period

55.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

405.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 58 OF 71

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Cigna Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. David G. Zach

Mailing Address 9 Heritage Ln

City

Phoenixville

State

PA

Zip Code

19460-4607

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Sales Director-Sales Mgt

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	11	/	2016

Transaction ID : 20160208-23384-20-24

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. David G. Zach

Mailing Address 9 Heritage Ln

City

Phoenixville

State

PA

Zip Code

19460-4607

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Sales Director-Sales Mgt

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	25	/	2016

Transaction ID : 20160222-23320-20-23

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. George Zaruba

Mailing Address 900 Cottage Grove Rd

City

Bloomfield

State

CT

Zip Code

06002-2920

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

VP Information Technology

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

616.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	11	/	2016

Transaction ID : 20160208-21953-20-24

Amount of Each Receipt this Period

154.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

354.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 OF 71
 (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Cigna Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. George Zaruba

Mailing Address 900 Cottage Grove Rd

City State Zip Code
 Bloomfield CT 06002-2920

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

VP Information Technology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

616.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 25 / 2016

Transaction ID : 20160222-21902-20-23

Amount of Each Receipt this Period

154.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

154.00

19194.19

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 60 OF 71

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Cigna Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Blue Dog Political Action Committee

Mailing Address PO Box 83142

City	State	Zip Code
Gaithersburg	MD	20883

Purpose of Disbursement
2016 Contribution

011

Candidate Name

Blue Dog Political Action CommitteeCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼
Contribution

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		16		2016

Transaction ID : CEF12D35C67155F7AB7

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Friends of Sam Johnson

Mailing Address PO Box 860096

City	State	Zip Code
Plano	TX	75086

Purpose of Disbursement
2016 Primary

011

Candidate Name

Samuel Robert JohnsonCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: TX District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		18		2016

Transaction ID : 63C9971E4A4660B3C99

Amount of Each Disbursement this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Gene Green Congressional Campaign

Mailing Address PO Box 16128

City	State	Zip Code
Houston	TX	77222

Purpose of Disbursement
2016 Primary

011

Candidate Name

Raymond Eugene GreenCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: TX District: 29

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		16		2016

Transaction ID : 11883CE2820D4514A54

Amount of Each Disbursement this Period

2000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

9000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 61 OF 71

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Cigna Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Georgians for Isakson

Mailing Address Post Office Box 250116

City Atlanta	State GA	Zip Code 30325
-----------------	-------------	-------------------

Purpose of Disbursement
2016 Primary

Candidate Name

Johnny H. IsaksonOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		18		2016

Transaction ID : 2BC24492AF9B85B6CD8

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Jim Renacci for Congress

Mailing Address 150 Smokerise Drive

City Wadsworth	State OH	Zip Code 44281-8701
-------------------	-------------	------------------------

Purpose of Disbursement
2016 Primary

Candidate Name

James B. RenacciOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 16

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		16		2016

Transaction ID : EAD6C7CF0C3D227A5ED

Amount of Each Disbursement this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. NRSC

Mailing Address 425 2nd Street NE

City Washington	State DC	Zip Code 20002
--------------------	-------------	-------------------

Purpose of Disbursement
2016 Contribution

Candidate Name

NRSCOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2016
☐ Primary ☐ General
☒ Other (specify) ▼
Contribution

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		18		2016

Transaction ID : 56DCE783748AD7EC424

Amount of Each Disbursement this Period

15000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

18000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 62 OF 71

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Cigna Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Pat Meehan for Congress

Mailing Address 50 S Providence Rd

City Media	State PA	Zip Code 19063-3531
---------------	-------------	------------------------

Purpose of Disbursement
2016 General

011

Candidate Name

Patrick L. MeehanCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☐ Primary ☒ General
☐ Other (specify) ▼

State: PA District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		16		2016

Transaction ID : DEB8D463FAB83C42D43

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Robin Kelly for Congress

Mailing Address PO Box 6953

City Chicago	State IL	Zip Code 60680
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Purpose of Disbursement
2016 Primary

011

Candidate Name

Robin Lynne KellyCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		16		2016

Transaction ID : D9AEEEBEBA3C1875C83

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Shore PAC

Mailing Address PO Box 3157

City Long Branch	State NJ	Zip Code 07740
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Purpose of Disbursement
2016 Contribution

011

Candidate Name

Shore PACCategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2016
☐ Primary ☐ General
☒ Other (specify) ▼ Contribution

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		18		2016

Transaction ID : 74F03F984158528304C

Amount of Each Disbursement this Period

2500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

10000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 63 OF 71

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Cigna Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Voice for Freedom

Mailing Address 2700 Cumberland Parkway, Suite 150

City	State	Zip Code
Atlanta	GA	30339

Purpose of Disbursement
2016 Contribution

Candidate Name

Voice for Freedom

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2016

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		16		2016

Transaction ID : A31467546194B2BE930

Amount of Each Disbursement this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Volunteers for Shimkus

Mailing Address PO Box 661

City	State	Zip Code
Collinsville	IL	62234-0661

Purpose of Disbursement
2016 Primary

Candidate Name

John M. Shimkus

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: IL District: 15

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		16		2016

Transaction ID : 708C12CE3C1920704D1

Amount of Each Disbursement this Period

1500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3500.00

40500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 64 OF 71

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Cigna Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Avar for State SenateMailing Address c/o Liberty Strategies & Developme
373 South Willow St., PMB 177

City Manchester State NH Zip Code 03103

Purpose of Disbursement
Nonfederal Contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		18		2016

Transaction ID : 3F50A932C1C63B3EE69

Amount of Each Disbursement this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Bumgardner for NC House

Mailing Address PO Box 550072

City Gastonia State NC Zip Code 28055-0072

Purpose of Disbursement
Nonfederal Contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		16		2016

Transaction ID : 60D993453194308150C

Amount of Each Disbursement this Period

400.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Citizens for Dan Blue

Mailing Address PO Box 287

City Raleigh State NC Zip Code 27602

Purpose of Disbursement
Nonfederal Contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		16		2016

Transaction ID : 58F8D7BBC2FD44B3B14

Amount of Each Disbursement this Period

500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1050.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 65 OF 71

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Cigna Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Committee to Elect Jeff Collins

Mailing Address PO Box 8078

City	State	Zip Code
Rocky Mount	NC	27804

Purpose of Disbursement
Nonfederal Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		16		2016

Transaction ID : 3089912985FCCBBED38

Amount of Each Disbursement this Period

400.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Committee to Elect Mitchell S. Setzer

Mailing Address PO Box 416

City	State	Zip Code
Catawba	NC	28609

Purpose of Disbursement
Nonfederal Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		16		2016

Transaction ID : C5B50F1BFAF6FB5B6E8

Amount of Each Disbursement this Period

400.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Daniels for State SenateMailing Address c/o Liberty Strategies & Developme
373 South Willow St., PMB 177

City	State	Zip Code
Manchester	NH	03103

Purpose of Disbursement
Nonfederal Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		18		2016

Transaction ID : AAF215669CD8AC39331

Amount of Each Disbursement this Period

150.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

950.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 66 OF 71

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Cigna Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. David Lewis for House

Mailing Address PO Box 1826

City Dunn	State NC	Zip Code 28335
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Purpose of Disbursement
Nonfederal Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		16		2016

Transaction ID : 2AFCA2ACE74AB8535FA

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Dollar for House

Mailing Address PO Box 1352

City Cary	State NC	Zip Code 27512
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Purpose of Disbursement
Nonfederal Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		16		2016

Transaction ID : 9EE5477325CA7F0B79F

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Friends of Andy SanbornMailing Address c/o Liberty Strategies & Developme
373 South Willow St., PMB 177

City Manchester	State NH	Zip Code 03103
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Purpose of Disbursement
Nonfederal Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		18		2016

Transaction ID : CD8ADDF5364703DA2F6

Amount of Each Disbursement this Period

500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 67 OF 71

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Cigna Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Friends of Tim Moore

Mailing Address 305 E Kings St

City	State	Zip Code
Kings Mountain	NC	28086

Purpose of Disbursement
Nonfederal Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		16		2016

Transaction ID : 6F7B2BB2940E9A9A04A

Amount of Each Disbursement this Period

750.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Hall for House District 29

Mailing Address PO Box 25308

City	State	Zip Code
Durham	NC	27702-5308

Purpose of Disbursement
Nonfederal Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		16		2016

Transaction ID : 471DDC09B9383910227

Amount of Each Disbursement this Period

400.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Harry Brown for NC Senate

Mailing Address PO Box 520

City	State	Zip Code
Jacksonville	NC	28540

Purpose of Disbursement
Nonfederal Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		16		2016

Transaction ID : 2719190254BD3E295B5

Amount of Each Disbursement this Period

750.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1900.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 68 OF 71

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Cigna Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Harry J. Warren for NC 77

Mailing Address 201 Kingsbridge Road

City	State	Zip Code
Salisbury	NC	28144

Purpose of Disbursement
Nonfederal Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		16		2016

Transaction ID : 7397406F9A5EAB278BD

Amount of Each Disbursement this Period

400.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. John Frullo Campaign

Mailing Address PO Box 64010

City	State	Zip Code
Lubbock	TX	79464

Purpose of Disbursement
Nonfederal Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		16		2016

Transaction ID : CAF1B7A74DDC9997E67

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Louis Pate Election Committee

Mailing Address 102 Meredith Street

City	State	Zip Code
Mount Olive	NC	28365

Purpose of Disbursement
Nonfederal Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		16		2016

Transaction ID : 066BBCE9B4B2762F045

Amount of Each Disbursement this Period

500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3400.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 69 OF 71

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Cigna Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Pendleton for NC House

Mailing Address PO Box 31947

City	State	Zip Code
Raleigh	NC	27622

Purpose of Disbursement
Nonfederal Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	16	/	2016

Transaction ID : 7BDFE5556FC6FC0D2FB

Amount of Each Disbursement this Period

400.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Phil E. Berger Committee

Mailing Address PO Box 1309

City	State	Zip Code
Eden	NC	27289

Purpose of Disbursement
Nonfederal Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	16	/	2016

Transaction ID : 01430852C783B018483

Amount of Each Disbursement this Period

750.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Ralph Hise for NC Senate

Mailing Address PO Box 86

City	State	Zip Code
Spruce Pine	NC	28777

Purpose of Disbursement
Nonfederal Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	16	/	2016

Transaction ID : 66F0F4CBC9A10CCA03F

Amount of Each Disbursement this Period

500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1650.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 70 OF 71

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Cigna Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. The Committee to Elect Garland Pierce

Mailing Address 21981 Buie Street

City Wagram	State NC	Zip Code 28396
----------------	-------------	-------------------

Purpose of Disbursement
Nonfederal Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		16		2016

Transaction ID : 8C7818D14626CA64607

Amount of Each Disbursement this Period

400.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. The Joel Ford Committee

Mailing Address PO Box 36391

City Charlotte	State NC	Zip Code 28236
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Purpose of Disbursement
Nonfederal Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		16		2016

Transaction ID : A409BCCEBF155A44B6

Amount of Each Disbursement this Period

400.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Van Duyn for NC 49

Mailing Address 27 Busbee Road

City Asheville	State NC	Zip Code 28803-2933
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Purpose of Disbursement
Nonfederal Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		16		2016

Transaction ID : 0BFB59F0FD1543EDA1E

Amount of Each Disbursement this Period

400.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1200.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 71 OF 71

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Cigna Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Wesley Meredith for Senate

Mailing Address PO Box 27398

City	State	Zip Code
Fayetteville	NC	28314

Purpose of Disbursement
Nonfederal Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		16		2016

Transaction ID : B0123D565D3D374B1E9

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Workman For Texas

Mailing Address PO Box 90671

City	State	Zip Code
Austin	TX	78709

Purpose of Disbursement
Nonfederal Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		16		2016

Transaction ID : 2F0195123474753B962

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1000.00

12650.00
